

104521183

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No.

Filing Date

Applicant(s)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1			
2	/		1			
3	/		1			
4	3		1			
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TOTAL IND.			1		1	
TOTAL DEP.		3	3		3	
TOTAL CLAIMS			9		9	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			1		1	
TOTAL DEP.		3	3		3	
TOTAL CLAIMS			9		9	